

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633

Volunteer: \_\_\_\_\_  
Site: **Bellevue's 24-Hr Relay Challenge,**  
**Relay W/I A Relay Challenge,**  
**OR Relay Volunteer**

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

### **A** REQUESTING AGENCY/ADDRESS

Agency

City of Bellevue- Parks & Community Services Department

Attn: Community Services/Volunteer Coordinator

Address P.O. Box 90012

City/State/Zip Bellevue, WA 98009-9012

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Services Coordinator

Title

### **B** PURPOSE

☐ ESD/School District Volunteer - no fee

☒ Non-Profit Busn./Org. – **NO FEE** (Excluding Schools & ESD's)

**NO FEE NECESSARY**

**PLEASE fill out Sections C & D and the Child/Adult Section**

### **C** APPLICANT OF INQUIRY

**Applicant's Name:** \_\_\_\_\_  
Last First Middle

**Alias/Maiden Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
Month/Day/Year

**Driver's Lic. Number/State:** \_\_\_\_\_ / \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

### **D** IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

(THIS PORTION MAILED BY REQUESTING AGENCY)

As of this date, the applicant names below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

**City of Bellevue- Parks & Community Services Department**  
Requesting Agency

**Applicant's Signature** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

WSP Use Only

Valid Two Years From Issue

## **INSTRUCTIONS**

**Please type or print clearly in ink**

**SECTION A: Agency Information**

Applicant **does not** complete any information in Section A. This is for City of Bellevue information only.

**Applicant Information**

**Child/Adult Abuse Information:** Response limited to convictions of crimes against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision. The business or organization shall use this record only in making the initial employment/volunteer or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to a civil action for damages.

**SECTION C:** For our search purposes, please provide as much information as possible. **Name, and date of birth are mandatory. No social security number is required.**

**SECTION D:** **This section is also mandatory.** Please type or clearly print name and address of applicant of inquiry. A legible inked right thumb print is optional; however, if submitted, it will be used for positive verification. This portion will be returned to the applicant by the requesting agency.

**FEES: NO PAYMENT NECESSARY**

**ADDITIONAL INFORMATION:** If submitting an applicant fingerprint card, this form is not required.

**PLEASE RETURN ENTIRE COMPLETED FORM WITH RELAY TEAM REGISTRATION TO:**

**City of Bellevue Parks & Community Services  
Teen Services  
450 110 Ave NE  
Bellevue, WA  
Attn: Glenda Real**

**FOR FURTHER INFORMATION, CONTACT US AT (425) 452-2846.**

This lower portion sent by Requesting Agency to the Applicant

This identification certificate is the result of a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.

CHILD AND ADULT ABUSE INFORMATION DISCLOSURE STATEMENT

State law (RW 43.43) provides that the City of Bellevue must require applicants for City jobs and volunteer positions to provide certain information to the City prior to employment or involvement with the City. This information will be kept confidential.

Please disclose the following:

1. Have you ever been convicted of a crime against persons? YES\_\_\_\_\_ NO\_\_\_\_\_
- (For purposes of this section, crimes against person means the conviction of any of the following offenses: aggravated murder, first or second or third degree assault, first, second or third degree rape, first second or third degree statutory rape, first, second or third degree robbery, first degree arson, first degree burglary, first or second degree manslaughter, first or second degree extortion, indecent liberties, incest, vehicular homicide, first degree promotion prostitution, communication with a minor, unlawful imprisonment, simple assault, sexual exploitation of minors, first or second degree mistreatment, or any of these crimes as they may be renamed in the future.)
2. Have you been found in a dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor? YES\_\_\_\_\_ NO\_\_\_\_\_
3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited, or to have physically abused any minor? YES\_\_\_\_\_ NO\_\_\_\_\_
4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? YES\_\_\_\_\_ NO\_\_\_\_\_

(For purposes of this section, a disciplinary board final decision means any final decision issued by the disciplinary board or the Director of the Department of Licensing for the following businesses or professions: Chiropractic, dentistry, dental hygiene, drugless healing, massage, midwifery, osteopathic, physical therapy, physician, practical nursing, registered nursing, psychology; and real estate brokers and salesman).

If your answer is yes to any of the above questions, provide the date and location of all such findings.

<u>FINDINGS</u>	<u>DATE</u>	<u>COUNTY &amp; STATE</u>

NOTICE: The information you have provided will be processed through the Washington State Patrol Criminal Identification Unit for a Records Examination to determine if you have any convictions of offenses against persons adjudications or child abuse in civil actions or disciplinary board final decisions.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am given a volunteer assignment, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am assigned, my position is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature: \_\_\_\_\_ Name (Print) \_\_\_\_\_

Bellevue’s 24-Hour Relay Challenge \_\_\_\_\_  
Location/Program Area to volunteer Date